

OFFICE OF AUDITS AND COURT COMPLIANCE

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SEP 29 2010

Rod Libby
Chief Executive Officer
Walden House, Inc.
1550 Evans Avenue
San Francisco, CA 94124-1430

Dear Mr. Libby:

The California Department of Corrections and Rehabilitation's (CDCR) Office of Audits and Court Compliance (OACC), Audits Branch, completed a program compliance audit of contract number C07.017 between Walden House, Inc. and CDCR's Office of Substance Abuse Treatment Services (OSATS). The audit fieldwork was conducted during the period of January 15, 2009 through October 9, 2009. The audit covered the period of July 1, 2007 through July 31, 2009.

Enclosed is a copy of the final audit report. Your response is included as an attachment.

Should you have questions or require additional information regarding the contents of this report, please contact Timothy Adams, Supervising Management Auditor, Audits Branch, at (916) 255-2700.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael K. Brady". The signature is fluid and cursive, with a large loop at the end.

MICHAEL K. BRADY
Assistant Secretary (A)
Office of Audits and Court Compliance

Enclosure

cc: Timothy Adams, OACC
Demetrius Andreas, Walden House

PROGRAM COMPLIANCE AUDIT
WALDEN HOUSE, INC.



FINAL AUDIT REPORT

Prepared by:

California Department of Corrections and Rehabilitation
Office of Audits and Court Compliance
Audits Branch

WALDEN HOUSE, INC.

CONTRACT NUMBER C07.017

Office of Audits and Court Compliance

TABLE OF CONTENTS

| | PAGE |
|--|------|
| AUDITOR'S REPORT | |
| EXECUTIVE SUMMARY | 1 |
| BACKGROUND | 6 |
| FINDINGS AND RECOMMENDATIONS | |
| FINDING 1: Community Based Provider Facilities Maintenance and Repairs..... | 7 |
| FINDING 2: Inadequate Smoking Area at Walden House's Flower Street DTF | 8 |
| FINDING 3: Inconsistent ID Request and Sign-in at the CBPs..... | 9 |
| FINDING 4: Verbal Authorizations for ICDTP Off-Site Activity Passes..... | 10 |
| FINDING 5: Inadequate Clothing for DTF Inmates..... | 10 |
| FINDING 6: DTF Inmate Identification..... | 12 |
| FINDING 7: Questionable Behavior of Staff..... | 12 |
| FINDING 8: CBP Participant's Excessive Retention on the Chair..... | 13 |
| FINDING 9: Program Curriculum Concerns..... | 14 |
| FINDING 10: Employment of Ex-Offenders..... | 15 |
| FINDING 11: SB 1453 Aftercare Successful Completion Assessment Team Reviews..... | 17 |
| FINDING 12: Late Completion of Participant Treatment Plans | 19 |
| FINDING 13: No SASCA Pre-Release Contact with the AOR | 19 |
| FINDING 14: SAP Outreach/Quarterly Global Presentations | 20 |
| FINDING 15: Undocumented Post Release Monthly Contacts with CBP and AOR | 21 |
| FINDING 16: Personnel Issues..... | 22 |
| FINDING 17: Inconsistent Participant Programming Documentation..... | 24 |
| FINDING 18: Missing and Incomplete Community Services Plan, | |

| | |
|---|----|
| CDCR Form 1868..... | 24 |
| FINDING 19: Resumes, Job Descriptions, and Duty Statements..... | 25 |
| FINDING 20: Incomplete Organization Chart of SASCA Funded Staff | 26 |
| FINDING 21: Missing and Incomplete CBP Participant Group Activity Rosters..... | 26 |
| FINDING 22: Incomplete Admit/Discharge Status Alert Forms | 27 |
| FINDING 23: Incomplete Monthly Travel Logs | 29 |
| OBSERVATIONS AND RECOMMENDATIONS | |
| Observation 1: No Evidence of Defensive Driver’s Training and Drug Testing..... | 30 |
| Observation 2: ICDTP II Inmates Without Medications | 30 |
| Observation 3: Performance Evaluations | 31 |
| Observation 4: Incomplete SASCA Participant Files | 31 |
| AUDITS BRANCH EVALUATION of WALDEN HOUSE’S RESPONSE | 32 |
| Glossary..... | 36 |
| ATTACHMENT A: Walden House CBP Facility Pictures | |
| ATTACHMENT B: Summary of Issues between SASCA and CBP | |
| ATTACHMENT C: Walden House’s Response | |

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SEP 29 2010

AUDITOR'S REPORT

Rod Libby
Chief Executive Officer
Walden House, Inc.
1550 Evans Avenue
San Francisco, CA 94214-1430

Dear Mr. Libby:

The California Department of Corrections and Rehabilitation's (CDCR) Office of Audits and Court Compliance (OACC), Audits Branch, completed a program compliance audit of contract number C07.017 between Walden House, Inc. and CDCR's Office of Substance Abuse Treatment Services (OSATS).

Under the terms of the agreement, Walden House agreed to provide and oversee substance abuse treatment services in Parole Region III.

The costs for these services were not to exceed the contract amounts listed in the table below.

| Contract C07.017 | Action | Amount | Total Amount |
|------------------------------------|---|-----------------|---------------------|
| July 1, 2007 through June 30, 2009 | Original Contract | \$42,009,697.02 | \$42,009,697.02 |
| Amendment 1 | Add funds for 600 In-Custody Drug Treatment Program beds and a modified In-Custody Drug Treatment Program (ICDTP) (Program 2) | \$38,785,166.98 | \$80,794,864.00 |
| Amendment 2 | Add funds for Drug Treatment Furlough (DTF) Services | \$2,500,000.00 | \$83,294,864.00 |

The Audits Branch conducted the audit in accordance with Generally Accepted Governmental Auditing Standards, with the exception of General Standards for (1) Continuing Professional Education and (2) Quality Control requiring an external peer review at least once every three years. The audit included tests of controls and other such auditing procedures considered necessary under the circumstances.

The scope of the audit was limited to program compliance activities for the period of July 1, 2007 through July 31, 2009. The audit fieldwork was conducted during the period of January 15, 2009 through October 9, 2009.

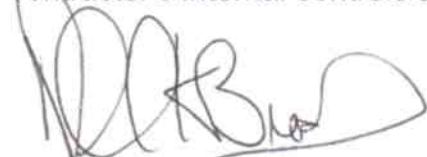
The specific objective of the audit was to determine whether Walden House complied with the programming conditions and terms of the contract.

The procedures performed in the audit included:

- Interviews with Walden House's employees to gain an understanding of the program and to evaluate the effectiveness and adequacy of Walden House's existing internal controls.
- A review of program files to determine whether the services rendered were in accordance with contract number C07.017.
- Visiting a sample of seven residential programs, one sober living program, and two outpatient programs and performing audit tests to determine whether the program services were delivered in accordance with contract number C07.017.

The enclosed audit report identifies 23 audit findings and 4 audit observations pertaining to the program's health, safety and security, program effectiveness, and contract oversight.

Observations highlight certain areas that may be of interest to users of the audit report. Observations differ from audit findings in that they do not have any specific policy or procedures. The Substance Abuse Services Coordination Agency (SASCA) may consider developing policies and procedures for the observations. Because the audit was limited to selected test periods, OACC does not express an opinion on the contractor's internal controls as a whole.



MICHAEL K. BRADY
Assistant Secretary (A)
Office of Audits and Court Compliance

Enclosure

October 9, 2009 (last date of fieldwork)

EXECUTIVE SUMMARY

CDCR contracted with Walden House to administer the Substance Abuse Services Coordination Agency (SASCA) program under contract number C07.017 for Parole Region III. Walden House subcontracts with treatment providers throughout the Region III area, which includes the counties of Los Angeles, San Bernardino, Alameda, Contra Costa, Marin, Napa, San Francisco, and Santa Cruz. CDCR's parolees and inmates within the DTF program receive substance abuse treatment services under three modalities: residential, outpatient, and sober living.

During fieldwork, the Audits Branch visited the following facilities:

| Residential | Outpatient | Sober Living |
|---|-------------------------------------|----------------------------|
| Walden House Hill Street, Los Angeles | Walden House- Grand Avenue | Walden House- Grand Avenue |
| Amistad/Amity- Los Angeles | Sharper Future- Avalon, Los Angeles | |
| Walden House- Grand Avenue, Los Angeles | | |
| Walden House- 4026 Century Blvd., Inglewood | | |
| Walden House- 1237 Flower Street, Inglewood | | |
| Walden House- 4115 Century Blvd., Inglewood | | |
| Sharper Future- Pacific Avenue, Long Beach | | |

The Audits Branch conducted a program compliance audit of Walden House for the period of July 1, 2007 through July 31, 2009. Summarized below are the audit findings and observations; details of this summary begin on page seven of this report.

FINDING 1: Community Based Provider (CBP) Facilities Maintenance and Repairs

The Auditors Branch visited and toured ten CBPs in Region III. During the tours, the auditors observed numerous rooms and offices in need of maintenance and repairs.

FINDING 2: Inadequate Smoking Area at Walden House's Flower Street DTF Facility

The Walden House Flower Street DTF Facility allows staff and participants to smoke within a small area utilized by others for eating, exercising, and vehicle parking.

FINDING 3: Inconsistent Identification (ID) Request and Sign-in at the CBPs

Region III's CBPs do not always request ID or signing in/out of visitors entering and exiting the facility.

FINDING 4: Verbal authorizations for ICDTP Off-Site Activity Passes

A Walden House ICDTP staff person allowed verbal authorizations instead of written authorizations for ICDTP off-site activities.

FINDING 5: Inadequate Clothing for DTF Inmates

DTF inmates at the Walden House CBPs and the Sharper Future CBP were not receiving the minimum clothing allotment listed in the DTF procedures manual.

FINDING 6: DTF Inmate ID

According to DTF policy, inmates are required to carry a photo ID card. The Audits Branch did not see ID on the inmates. In addition, the DTF counts at one of the Region III's CBPs were not well organized.

FINDING 7: Questionable Behavior of Staff

During site visits, the Audits Branch observed incidents of Walden House's CBP and SASCA staff acting unprofessional and being disrespectful to the participants.

FINDING 8: CBP Participant's Excessive Retention on the "Chair"

Walden House's CBP placed participants on the chair for an excessive amount of time. For example, a parolee/inmate calendar at Walden House's CBP showed that a participant remained on the chair for extended periods of time from January 28 to February 1, a total of five days.

FINDING 9: Program Curriculum Concerns

Interviews with the participants revealed that some participants have weak comprehension skills. It was discovered that some participants have strong reading and writing skills and ability to comprehend, while others do not. Consequently, it is difficult for some of the participants to benefit from the reading and writing portions of the program.

FINDING 10: Employment of Ex-Offenders

Walden House hired nine ex-offenders who did not meet the three-year probation or parole requirement prior to employment.

In addition, the Audits Branch could not locate written documentation that the verifications were completed to ensure the applicants had satisfactorily completed parole or probation before consideration for employment.

FINDING 11: SB 1453 Aftercare Successful Completion Assessment Team (ASCAT) Reviews

Some SASCA Parolee files did not contain information regarding the three required ASCAT reviews. Not all ASCAT team members were signing and dating the SB 1453 Status Review form.

FINDING 12: Late Completion of Participant Treatment Plans

The participant treatment plans were being completed on an average of 14 days after the participant's arrival. However, the contract requires completion within 5 calendar days of the participant's admittance into the program.

FINDING 13: No SASCA Pre-Release Contact with the Agent of Record (AOR)

SASCA did not have any pre-release contact with the AOR prior to the discharge of parolees from the In-custody Substance Abuse Program (SAP). SASCA files indicated that no pre-release contact was made with the AOR, as required by the contract.

FINDING 14: SAP Outreach/Quarterly Global Presentations

SAP Outreach/Quarterly Global Presentations were not properly conducted or documented. Additionally, there were no resource materials available about the CBPs.

FINDING 15: Undocumented Post Release Monthly Contacts with the CBP and AOR

The SASCA Contractor Advocate did not consistently maintain a record of post release monthly contacts made with the CBPs and AORs, as required by the contract.

FINDING 16: Personnel Issues: Background Checks, Training, TB Test, Registrations, and Certifications

There were SASCA and CBP staff personnel files missing such documents as TB tests, high school diplomas, certifications by an accredited institution, evidence of cross-training and in-service training, background checks, and employment approval by OSATS.

FINDING 17: Inconsistent Participant Programming Documentation

Participant file documentation for programming is inconsistent. The days and hours listed on the documents do not always agree with each other.

FINDING 18: Missing and Incomplete Community Services Plan (CDCR 1868)

The CDCR Form 1868s were either not forwarded by the Institution's SAP or was missing from the SASCA files.

FINDING 19: Resumes, Job Descriptions, and Duty Statements

Interviews with Walden House staff revealed that they are not receiving duty statements.

Resumes, duty statements, and job descriptions were missing in some of the personnel files tested by the auditors.

FINDING 20: Incomplete Organizational Chart of SASCA Funded Staff

Although an executive level organizational chart is maintained, there is no organizational chart listing all funded SASCA staff.

FINDING 21: Missing and Incomplete CBP Participant Group Activity Rosters

CBP group sign-in sheets and rosters could not be located. Also, group activity rosters were incomplete and not properly prepared.

FINDING 22: Incomplete Admit/Discharge Status Alert Forms

The admit and discharge status alert forms in the SASCA's parolee/inmate files were missing key information, such as admit dates, discharge dates, and reasons for discharge.

FINDING 23: Incomplete Monthly Travel Logs

The SASCA Monthly Travel Log was not developed with the proper elements, as required in the contract. In addition, the Daily Log (Walden House Trip Report) was missing information, such as trip miles, time of arrival, reason for transport, parolee's name, and CDC number.

Observation 1: No Evidence of Defensive Driver's Training and Drug Testing

Walden House does not require Defensive Driver's Training for their drivers prior to operating a vehicle or transporting CDCR participants. Furthermore, drivers have never been drug tested, although they have received training on interaction skills.

Observation 2: ICDTP II Inmates Without Medications

ICDTP II inmates are transported to the CBP from the county jail without their prescribed medication, despite the fact that some inmates have been diagnosed with medical and psychological issues, including high blood pressure, hypertension, diabetes, and asthma.

Observation 3: Performance Evaluations

Quarterly performance evaluations for 2009 were not in the personnel files.

Prior evaluations were poorly documented. For example, not all narratives had examples of the employee's strengths and weaknesses. Supervisors were not

completing the comment section at the end of each employee's goal. In addition, the training attended by the employee was not identified on the evaluation.

Observation 4: Incomplete SASCA Participant Files

Testing of SASCA participant files revealed that they were missing such forms as Release of Information, Consent for Photo Release, Participant Initial Assessment Form, Life Corps Referral Form (Walden House Form), and Self Empowerment Tool (Walden House Form).

See Attachment C for Walden House's Response

Audits Branch's Evaluation of Walden House's Response:

1. Drug Treatment Furlough Issues:

The Program Audit of Walden House began January 15, 2009. During the course of the audit the Drug Treatment Furlough program was eliminated; however, the Audits Branch continued to perform fieldwork and report programming issues in the audit report. This involves Findings 1, 2, 3, 5, 6, and 12.

2. All other issues

Findings 11, 13, 16, and 22 are issues that need to be resolved between OSATS and Walden House.

3. Remaining Findings:

Walden House agrees with Findings 4, 7, 8, 9, 10, 14, 15, 17, 18, 19, 20, 21, and 23, and has responded with corrective action plans to address the issues.

4. Observations

The four observations and subsequent recommendations are not covered by any specific policy or procedures. It is recommended that Walden House consider developing policies and procedures to address the four observations covered in the report.

BACKGROUND

The SASCA program has been in existence since 1999. Walden House has held the contract for substance abuse treatment services in Parole Region III since the inception of the program.

The goal of the SASCA program is to reduce the incidence of both relapse and recidivism among participants and to promote pro-social behavior that will enable the participants to exhibit satisfactory conduct within the facility and on parole, leading to the successful integration to community.

Under the SASCA program, there are residential services, outpatient services, and sober living treatment programs.

Walden House's role is that of a collaborator between CDCR and the CBP. Walden House is responsible for the initial transportation of the parolee (from prison to aftercare) and placement of the parolee, except for ICDTP II and DTF inmates, into community based drug treatment programs. Walden House has two offices located in Los Angeles and San Francisco.

FINDINGS AND RECOMMENDATIONS

The 23 findings and recommendations are broken down into four sections: Health, Safety and Security, Program Effectiveness, Contract Oversight relative to Progress Improvement, and Contract Oversight relative to Form Improvement. The four observations and recommendations are not covered by any specific policy or procedure. Walden House may want to consider developing policies and procedures for the four observations covered in the report.

HEALTH, SAFETY, AND SECURITY

FINDING 1: CBP Facilities Maintenance and Repairs

Site visits were conducted at ten CBPs in Region III. During the tours the Audits Branch observed numerous rooms and offices in need of maintenance and repairs (See Attachment A). Examples of the deficiencies are summarized below:

- Mold in bathroom showers occupied by participants;
- Paint chipping off the bathroom walls;
- Covers missing from air vents;
- Ants in showers;
- Roaches in counselor's office;
- Chipped and missing tiles from showers;
- Broken dresser drawers;
- File cabinets used as dressers drawers;
- Mini-blinds need replacing;
- Plastic bag used as a shower curtain;
- Holes in bathroom walls; and
- Tape around shower handles.

Previous site visits were conducted by SASCA staff, but based upon the auditors' observations, the building maintenance issues do not appear to be a high priority.

Criteria:

California Code of Regulations (CCR), Title 9, Division 4, Chapter 5, Subchapter 3, Article 4, Section 10581 (a), (c), states in part: "Facilities shall be clean safe, sanitary and in good repair at all times for the safety and well-being of residents, employees, and visitors...all outdoor and indoor passageway, stairway, incline, ramps...shall be kept free of obstruction."

CCR, Title 9, Division 4, Chapter 5, Subchapter 3, Article 4, Sections 10584 (b), (e), (f), and (g), states in part: "All window screens shall be in good repair and free of insects,

dirt and other debris...all toilets, hand washing and bathing facilities shall be maintained in safe and sanitary operation conditions.... All containers, including movable bins, used for storage of solid waste shall have tight-fitting covers that are kept in place...be emptied at least once per week or more often if necessary....the licensee shall provide clean linen in good repair, including sheets, pillow cases, mattress pads...and wash cloths."

Recommendations:

SASCA should ensure that:

- CBPs develop routine maintenance and repair schedules.
- Maintenance records are properly documented and maintained in the files.
- Site visits include a tour and a walk through of each room of the facility.

FINDING 2: Inadequate Smoking Area at Walden House's Flower Street DTF Facility

The Walden House Flower Street DTF Facility allows staff and SAP participants to smoke in a small area utilized by others for eating, exercising, and vehicle parking. Smoking should be prohibited in this area because it is unhealthy for parolees, inmates, and staff to be eating, smoking, and exercising in the same area.

Criteria:

SASCA Contract, Exhibit D, page 11, states:

"28. Tobacco-Free Environment

Pursuant to Penal, Code Section 5030.1, the use of tobacco products by any person on the grounds of any institution or facility under the jurisdiction of the California Department of Corrections and Rehabilitation is prohibited."

CBP Subcontract (Attachment B.1, page 9) states:

"Tobacco Prohibition:

. . . the use of tobacco products for both inmates and non inmates at CDCR institutions and facilities is prohibited. The law prohibits inmates from smoking, possessing, or using tobacco products. DTF staff members can only use tobacco products away from the facility grounds. The use of tobacco products in parking lots is dependent on whether the parking lot is part of the facility. If the parking lot is part of the facility, then tobacco use of any kind is not permitted. If the parking lot is separate from the facility or

shared by other entities, then it may be considered not part of the facility, and tobacco products may be used.”

Assembly Bill 846, Section 7597 (a), prohibits smoking in an outdoor area within 20 feet of a main entrance/exit.

Recommendation:

SASCA should comply with the contract and other State laws, rules, and regulations regarding smoking in designated areas.

FINDING 3: Inconsistent ID Request and Sign-in at the CBPs

Region III CBPs do not always request ID from visitors entering the facility. The two facilities listed below did not request ID:

- Sharper Future - Long Beach Women’s DTF
- Walden House Hill Street Women’s DTF

In addition, painters and auditors were not always asked to sign-in or sign-out upon arrival or departure at the Hill Street CBP.

Criteria:

OSATS Drug Treatment Furlough Policies and Procedures Manual, November 2007, page 29, states: “All visitors must present valid photo identification (Valid driver’s license or DMV Identification card, Military ID or Passport) to staff before visiting. Visiting hours are subject to the DTF program’s availability.”

Page 30, states: “All visitors must sign in upon entering and sign out upon exiting the visiting facility. The visitor sign-in log shall include the visitor’s name, address, telephone number, purpose of visit, and type of identification used.”

Recommendations:

Walden House should:

- Ensure that all facilities are complying with ID and visitor’s sign-in log requirements by including this in their site visits.
- Provide additional training to staff and anyone responsible for the ID and sign-in log procedures.

FINDING 4: Verbal Authorizations for ICDTP Off-Site Activity Passes

Two OSATS Parole Agents (PA) II and one PA III stated that Walden House did not follow ICDTP Procedures on the issuance of passes for leaving the facility, even after receiving several verbal notifications.

Walden House CBP stated that they had no written procedures or directions from OSATS or SASCA on how to handle the issuance of off-site activity passes. SASCA indicated that a PA II at one facility handled passes differently than a PA II directly across the street at another Walden House CBP. Consequently, it appeared that each Walden House CBP in conjunction with a PA II developed and implemented their own procedures.

In April 2009, ICDTP pass procedures were developed by OSATS requiring written authorizations from a PA II whenever an ICDTP participant needed to leave the facility. As a result, Walden House developed an off-site pass request form to account for all off-site pass requests and PA II authorizations.

Criteria:

OSATS In-Custody Drug Treatment Program Policies and Procedures, page 29, states: "A. Off-Site Activity Pass- ICDTP Guidelines:

ICDTP participants will not be approved for temporary overnight leaves. Passes for activities outside the facility must be requested in writing and approved three (3) days prior to the activity."

Recommendations:

SASCA should ensure that:

- All CBPs are aware of and strictly follow ICDTP pass procedures.
- ICDTP off-site activity passes are requested in writing.

FINDING 5: Inadequate Clothing for DTF Inmates

Upon arrival to the CBP, DTF inmates are allowed to use \$100 dollars to purchase necessary clothing. However, DTF inmates at each of the Walden House CBPs and the Sharper Future CBP are not receiving the minimum clothing requirement listed in the DTF procedures manual.

Inmate interviews revealed the following:

- One inmate stated that he had to wear shorts for approximately two weeks.

- One inmate stated he was allowed to obtain shoes from the donations closet, but was required to trade in the shoes on his feet.
- Clothing received is oversized or too small.

Criteria:

OSATS' DTF Policy and Procedures Manual, Attachment B.1, states in part: "At intake DTF contractors shall determine what clothing and personal hygiene items are available to the participant and what items must be provided by the DTF..."

At minimum, each participant must have the following clothing available while at the DTF facility:

Males:

| | |
|-------------------------------|-----------------------|
| Three pair of jeans or slacks | Toothbrush |
| Three shirts | Shaving supplies |
| Four T-shirts, white | Comb |
| Six pair socks | Nail clippers |
| One jacket | Two washcloths |
| One sweater or sweatshirt | Two towels |
| One belt | One deodorant |
| One pair of street shoes | Four bars of soap |
| Toothpaste | One bottle of shampoo |
| One bottle of lotion | |

Females:

| | |
|------------------------|---------------------------|
| Three blouses/T-shirts | Six pair socks |
| Three pair slacks | One deodorant |
| Three bras | Four bars of soap |
| One dress | One bottle of shampoo |
| One coat | One bottle of lotion |
| Five panties | Comb and hairbrush |
| One nightgown | Nail clippers |
| Two pairs of shoes | Toothbrush and toothpaste |

SASCA contractors shall work with DTFs to determine the need for reimbursement on a case-by case basis for clothing and personal hygiene items. The amount shall not exceed \$100.00 per inmate."

Recommendation:

SASCA should ensure that all DTF contractors [CBPs] are aware of the minimum DTF clothing requirements.

FINDING 6: DTF Inmate ID

According to DTF policies, inmates are required at all times to carry a photo ID card. The Audits Branch did not see ID on the inmates. In addition, interviews with staff and inmates revealed that this particular policy was developed but not implemented in each of the Walden House, Region III, DTF facilities.

Further, the required DTF counts at one of the Region III's CBPs were not well organized. The counselor had all DTF inmates gather around him while he used 3" X 5" cards containing the DTF inmates' names and pictures. The counselor called out the inmates' names and allowed them to leave immediately after their response. The counselor at no time lifted his head to specifically identify the inmate responding to the roll call.

Criteria:

OSATS' DTF Policy and Procedures manual states: "All inmates shall be issued a laminated identification card with the DTF's name and telephone number, inmates name, CDC number, photo, date of birth, physical description, ethnicity and race. DTF inmates shall carry these cards at all times for identification purposes and turn them in upon transfer or release on parole."

In addition, Section XIX, Count Procedure, states: "A positive/physical count means to count a person and physically see that person."

Recommendations:

Walden House should make unannounced visits to the DTFs and verify that the facilities are issuing laminated ID cards to the inmates. The inmates should be checked to see if they are carrying the ID cards, which they are required to have on hand at all times. During the visits, Walden House should also verify that the facility inmate counts are performed in accordance with DTF procedures.

FINDING 7: Questionable Behavior of Staff

During site visits of the facilities, the Audits Branch observed incidents of Walden House's CBP and SASCA staff acting unprofessional and being disrespectful to the participants. Some examples include:

- The Audits Branch observed a participant being loudly yelled at by CBP staff for "talking" while on the bench.
- The Audits Branch observed a participant being yelled at by a SASCA Community Services Coordinator for not properly lining up.

- An interview with a PA II revealed that a meeting had to be set up with the facility program manager to address an incident of a CBP staff pointing a finger and yelling in a participant's face.
- Documents in a staff file revealed that a CBP staff member was reprimanded several times for being disrespectful to a participant while in the presence of visitors.
- Interviews with participants revealed that staff disrespect towards the participants occurs on various occasions. For example, a CBP staff called an ex-gang member "Homie." The parolee was offended by the reference, as he was trying to escape that past mentality.
- SAP participants revealed that they have been purposely ignored or shunned when approaching SASCA staff and CBP staff.

Criteria:

Walden House's 2005 and 2007 Employee Handbooks prohibits unprofessional behavior, disrespectful conduct, and intimidating, humiliating, or threatening language.

Recommendations:

Walden House should:

- Provide additional training on professionally addressing a SAP participant's needs.
- Remind CBP and SASCA staff of the expected level of professionalism maintained between the SAP participants and staff.

FINDING 8: CBP Participant's Excessive Retention on the "Chair"

Whenever a SAP participant violates a major rule, the participant is placed on a chair to think about their actions, in hopes of changing their negative or destructive behavior.

As a disciplinary procedure, Walden House's CBP placed participants on the chair for excessive periods of time. For example, a parolee/inmate calendar at Walden House's CBP shows that a participant remained on the chair for excessive periods of time from January 28 through February 1, a total of five days.

Criteria:

Contract number C07.017, scope of work, Exhibit A, states in part: "The primary goal of the Substance Abuse Program is to reduce the incidence of both relapse and recidivism among participants, and to promote pro-social behavior that will enable the participants to satisfactory conduct within the facility and on parole, leading to the successful integration to community."

Recommendations:

SASCA, in conjunction with OSATS:

- Should develop a formal policy addressing the timeframes of retaining a SAP participant on the chair.
- Ensure that the CBP's policies and procedures do not impede the participant's progress.
- Consider other treatment concepts in addition to the Therapeutic Community concept.

PROGRAM EFFECTIVENESS

FINDING 9: Program Curriculum Concerns

Interviews with the SAP participants revealed that some participants have weak comprehension skills. It was discovered that some participants have strong reading and writing skills and abilities to comprehend, while others do not. Consequently, it is difficult for some of the participants to benefit from the reading and writing portions of the program.

Criteria:

In a June 2009 study by the California State University, Long Beach entitled, "Evaluation of Mandatory Residential Substance Abuse Programs," the researchers stated in part: "...some programs clearly lack an understanding of effective treatment elements. Most commonly, we observed the use of writing assignment for multiple purposes in treatment: initial autobiography, skill building, sanctions, homework etc. This may be inappropriate for illiterate clients. We observed few accommodations for illiterate clients, except for occasional peer assistance. While clinically appropriate for higher functional residents, this is simply busy work for marginally literate clients."

Recommendation:

SASCA should develop a screening process to ensure that each SAP participant is sent to a CBP with a program that is compatible with the participant's literacy level.

CONTRACT OVERSIGHT- PROCESS IMPROVEMENTS**FINDING 10: Employment of Ex-Offenders**

Walden House hired nine ex-offenders who did not meet the three-year probation or parole requirement prior to employment.

The Audits Branch sampled 30 employee applications to determine whether they were on parole, probation, or had a criminal case or trial pending. Of the 30 employees sampled, 6 had no documentation indicating any prior criminal history, and 19 were ex-offenders. Of the 19 ex-offenders, 11 were prior CDCR inmates and the remaining 8 were out of the jurisdiction.

| Sample Size | Ex-offenders | Non ex-offenders | Not Documented |
|-------------|--------------|------------------|----------------|
| 30 | 19 | 5 | 6 |

| CDCR Ex-Offenders Sample Size | Did not meet the 3 year requirement | Met the 3 year requirement |
|-------------------------------|-------------------------------------|----------------------------|
| 11 | 9 (82%) | 2(18%) |

For example, on October 31, 2006, an ex-offender checked the box on the job application stating that she was on parole, probation, or had a criminal case or trial pending. She also noted that she was on parole with 60 days remaining but was still hired the next day, November 1, 2006.

In addition, the contract requires the applicant or SASCA to provide written evidence of the applicant having satisfactorily completed parole or probation to be considered for employment. The Audits Branch found no written documentation that the verifications were completed.

Criteria:

SASCA Contract, Exhibit D, page 5, states in part:

“14. Employment of Ex- Offenders

Contractor cannot and will not directly, or on a subcontract basis, employ in connection with Agreement:

- a. Ex-Offenders on active parole or probation. . . .

Ex-Offenders who can provide written evidence of having satisfactorily completed parole or probation may be considered for employment by the Contractor subject to the following limitations:

- a. Contractor shall obtain the prior written approval to employ any such ex-offender from the Authorized Administrator; and
- b. An ex-offender whose assigned duties are to involve administrative or policy decision-making; accounting, procurement, cashiering, auditing, or any other business-related administrative function shall be fully bonded to cover any potential loss to the State of California.”

SASCA Contract, Exhibit E, page 3, states in part:

“9. Personnel

The Contractor agrees to allow CDCR the right to 1) approve, in advance, any personnel to be assigned to this project, and 2) disapprove the continuing assignment of any personnel....”

SASCA Contract, Exhibit E, page 5, states:

“12. Employment of Ex-Offenders- Supersedes provision number 14, Employment of Ex-Offenders, of Exhibit D

g. The Contractor cannot be and will not either directly or on a subcontract basis, employ in connection with Agreement:

h. Ex-Offenders on active parole or probation, or who have been on active parole or probation during the last three years preceding their employment...

k. The Contractor shall only employ ex-offenders who can provide written evidence of having satisfactorily completed parole or probation, and who have remained off parole or probation, and have had no arrests or convictions within the past three years.”

Walden House, Inc., Region III, SASCA Community Based Services Subcontractor Agreement, Attachment B, (IIA6. page n), states in part:

“Employment of Ex-Offenders: Contractor recognizes that the SASCA must abide by the following clause in their contract with the CDCR.... The SASCA cannot be and will not either directly or on a subcontractor basis, employ in connection with this Agreement:

- Ex-Offenders on active parole or probation, or who have been on active parole or probation during the last three years preceding their employment.”

SASCA Contract, Exhibit A, page 21, states in part: “...the individuals requiring access to CDCR institutions are to undergo a thorough background evaluation that determines if the staff a) is not currently under parole or probation supervision and has been free from supervision for a minimum of three (3) years; b) has not been convicted as a person involved in the trafficking of narcotics; and c) has been in recovery for a minimum of three (3) years as evidenced by arrests and or drug/alcohol related convictions.”

Recommendations:

Walden House should:

- Ensure all SASCA and CBP employees receive a background check prior to employment.
- Require SASCA and all CBPs to maintain on file written documentation verifying that ex-offenders have satisfactorily completed parole or probation prior to employment.

FINDING 11: SB 1453 ASCAT Reviews

In Region III, there were four findings involving the SB 1453 ASCAT reviews.

- Not all SASCA Parolee files reviewed by the Audits Branch contained information documenting the three required ASCAT reviews. Without the documentation, there is no assurance that all required ASCAT reviews occurred.
- The PA II is not attending all ASCAT hearings, as required by the contract.
- OSATS does not provide timely information to SASCA on parolees who should be classified as SB 1453 participants. For example, parolee number V57706 was erroneously classified as a SB 1453 participant after only completing two ASCAT hearings.
- Not all members of the ASCAT team are signing and dating the SB 1453 Status Review form.

OSATS implemented a 24-month pilot program for the period of May 17, 2007 through May 15, 2009, covering Senate Bill 1453. The program's objectives were to improve public safety through corresponding reduction in criminal activity, increase rehabilitation of parolees in the community, and provide significant fiscal savings to the taxpayers by reducing costs associated with re-incarceration of offenders.

Beginning in 2008, CDCR is required each year to report to the Joint Legislative Budget Committee and the State Auditor on the effectiveness of the provisions of the SB 1453 Program, including recidivism rates.

The program requires eligible felon inmates upon parole to be placed in a 150-day community based residential drug treatment program mandating a special condition of parole. While in the program the parolees must have a minimum of three ASCAT reviews. The review team is comprised of the OSATS PA II, Treatment team provider, SASCA/Female Offender Treatment and Employment Program (FOTEP) Advocate/Case manager, and whenever possible the AOR. When there are scheduling conflicts, distance issues, or other unforeseen circumstances, the review is held over the phone rather than in person. The third ASCAT hearing is required to be in person.

Parolees who have successfully completed the residential aftercare program shall be discharged from parole at that time.

Criteria:

OSATS policy 08-01 requires that the ASCAT team be comprised of the OSATS PA II, treatment team provider, SASCA/FOTEP Advocate/Case manager, and whenever possible the AOR. The policy also mandates that a minimum of three ASCAT reviews be conducted on each SB 1453 parolee participant.

OSATS is responsible for verifying the eligibility of the SB 1453 clients and communicating the information to SASCA.

Recommendations:

Walden House should ensure that:

- All eligible SB 1453 participants receive their three required ASCAT reviews.
- Each member of the ASCAT team signs and dates the SB 1453 Status Review form.

FINDING 12: Late Completion of Participant Treatment Plans

The participant treatment plans were being completed on an average of 14 days after the participant's arrival. However, the contract requires completion within 5 calendar days of the participant's admittance into the program.

| Region | Name of CBP Facility | Completion Range |
|--------|--------------------------------------|------------------|
| III | Walden House Century/Flower Facility | 12 to 15 days |
| III | Walden House Grand Avenue Facility | 9 to 15 days |
| III | Walden House Hill Street Facility | 7 to 13 days |

Criteria:

Contract guidelines, Exhibit A, page 9, states: "The SASCA Contractor will ensure that an assessment/treatment plan is completed for each SASCA participant within five (5) calendar days of admittance or receipt of treatment to a CBP."

Recommendation:

SASCA Region III should clarify the contract timeframes with OSATS to determine whether the five calendar days are realistic.

FINDING 13: No SASCA Pre-Release Contact with the AOR

The SASCA files did not contain documentation verifying pre-release contacts with the AOR prior to discharge of the parolees from the In-custody SAP.

Criteria:

Exhibit A, page 18 of the contract, states:

"j. Substance Abuse Services Coordination Agency Contacts

- 1) The SASCA Contractor is required to conduct ongoing contacts with the inmates/parolees and their AOR. The contacts will be documented by the SASCA Contractor. The contacts will be recorded AS: Telephone contact, face to face, meeting with counselor, etc....
- 2) The SASCA Contractor will make contacts at the following frequencies:
 - a) Pre-Release for IPTCSAP [In-Prison Therapeutic Community Substance Abuse Program], TTP [Transitional Treatment Program], and DTF participants only:
 - (3) One telephone contact with the AOR."

Recommendation:

The SASCA should comply with the contract requirements covering pre-release contacts, or request removal of the language from the contract.

FINDING 14: SAP Outreach/Quarterly Global Presentations

SAP Outreach/Quarterly Global Presentations were not properly conducted or documented. Additionally, there were no resource materials available on CBPs.

The Audits Branch reviewed the SASCA sign-in sheets and conducted interviews with SAP participants, staff, and the SASCA in-custody SAP presenters. The following exceptions were noted:

- SASCA Outreach group presentation/visits to the in-custody SAP were performed for the inmates. However, the visits were not presentations and consisted of a one-on-one question and answering session, which should be done after the group presentation or “post presentation” by the presenting SASCA Contractor.
- There were no specific materials used to conduct the presentations. Each outreach presenter had developed their own presentation.
- There were no participant Sign-In/Out times or participant concerns documented on the “SAP Visit Documentation” log.
- The Leo Chesney Correctional Facility has yet to receive a SASCA global presentation, nor received any written resource information on the CBPs. The SAP Transitional Counselor’s only recourse is to contact the CBPs for the information, or have the participant obtain information from an outside family member.

Criteria:

Exhibit A, page 19 of the contract states:

“The SASCA Contractor representatives will be required to provide consistency in the information provided to the in-custody contractors and inmates at the institution/DTF. The SASCA Contractor will be required to assure accurate information is being disseminated regarding the CBPs and the facilities:

- (1) The SASCA Contractor shall be responsible to provide outreach presentations in their region, but not limited to their region only. The SASCA Contractor must work collaboratively with each other regarding outreach presentations.

- (2) The outreach presentation shall be a global presentation on the continuing care programs available to the SASCA parolee/inmates. Specific parole regions questions may be addressed post presentation by the in-custody program transitional counselor and the presenting SASCA Contractor.
- (3) The SASCA Contractor shall be responsible to provide outreach to the in-custody programs in their region at minimum every quarter.
- (4) The SASCA Contractor must document the in-custody outreach presentation(s) for review and approval 60 days prior to the commencement of the presentation(s).
- (5) The SASCA Contractor must document the in-custody outreach presentation(s) to include at a minimum the following elements: in-custody program name, date of visit time in and time out, in-custody program director signature, SASCA Contractor advocate name, SASCA Contractor, number of participant attendees and program/participant concerns.”

Recommendations:

The SASCA should ensure that:

- Outreach group presentations and visits to the in-custody SAP are adequately performed. In addition, one-on-one question and answering sessions should be held after the “group presentation” or “post presentation.”
- All presenters have specific and identical materials used to conduct the outreach presentations.
- CBP resource materials are available for each SAP program.
- The “SAP Visit Documentation” log includes sign-in and sign-out times.

FINDING 15: Undocumented Post Release Monthly Contacts with CBP and AOR

The SASCA Contractor Advocate did not consistently maintain a record of post release monthly contacts made with the CBPs and AORs.

The contract requires that one telephone call or other type of contact is made each month with the AOR and CBP. Written documentation of these contacts should be maintained in the participant’s file.

Criteria:

Exhibit A, page 18 of the contract states:

“j. Substance Abuse Services Coordination Agency Contacts

(2) The SASCA contractor will make contacts at the following frequencies:

c) Post-Release—Participants in Active Treatment:

(1)....

(2) One telephone contact each **month with the Parole Agent of Record.**

(3) Once contact **each month with the CBP.**

(4) Written documentation of SASCA Contractor contacts shall include but are not limited to: SASCA Contractor, SASCA Contractor advocate, participant name, participant CDCR#, CBP name CBP modality, date of contracts, CBP program director....”

Recommendation:

Each month the SASCA should make contact with the CBP and AOR, and ensure that the contacts are properly documented.

FINDING 16: Personnel Issues: Background Checks, Training, TB Test, Registrations and Certifications

There were SASCA and CBP staff personnel files missing such documents as TB tests, high school diplomas, certifications by an accredited institution, evidence of cross-training and in-service training, background checks, and employment approval by OSATS.

The table below lists the documents that should be kept in the personnel files.

| SASCA | CBP |
|------------------------------------|------------------------------|
| Background Checks | Background Checks |
| In-service training | In-service training |
| Cross-training | Cross-training |
| Employment approval by OSATS | Employment approval by OSATS |
| Certification | TB Test |
| Accredited Institution Orientation | Minimum Qualifications |
| Employee Upgrade | Type of Qualifications |
| | Budgeted Annual Salary |

Criteria:

Exhibit A, page 23 of the contract states:

“The SASCA Contractor will provide the monthly salary range for each position identified, and the task associated with each position.”

Exhibit A, page 22 of the contract states:

“Providers shall establish minimum competencies for entry level and journey level staff positions that provide face-to-face services to program participants. Competencies shall be expressed in terms of knowledge, skills, abilities, experience, and education. Minimum competencies for entry level staff that work directly with inmates and parolees shall include a high school diploma or its equivalent. Journey level staff shall be certified, or eligible for certification, by an accredited educational institution recognized by the California Alcohol and Drug Program.”

Exhibit D, page 9 of the contract - TB Testing – states:

“In the event that the services required under this Agreement will be performed within a CDCR institution/parole office/community based program, prior to the performance of contracted duties, Contractors and their employees who are assigned to work with inmates/parolees on a regular basis shall be required to be examined or tested or medically evaluated for TB in an infectious stage, and at least once a year thereafter or more as often as directed by CDCR....

Contractors and their employees shall be required to furnish to CDCR, at no cost to CDCR, a form CDCR 7336, “ Employee Tuberculin Skin Test (TST) and Evaluation,” prior to assuming their contracted duties and annually thereafter, showing that the contractor and their employees have been examined and found free of TB.

c. Cross-Training

The SASCA Contractor shall also ensure that its program staff participates in cross-training provided by the in-custody contractors.

- 1) A minimum of 16 hours for the in-prison substance abuse treatment contractor and vice versa;
- 2) A minimum of 4 hours for the TTP contractor and vice versa;

This cross training program shall include an orientation to the in-custody contractor’s program philosophy and the services and intervention, which are likely to be effective with participants transitioning from their program to community based services.”

Recommendations:

SASCA should ensure that:

- All contractually required documentation is kept in both the SASCA and CBP personnel files.
- Staff periodically review the contract and comply with the requirements.

CONTRACT OVERSIGHT - FORM IMPROVEMENTS

FINDING 17: Inconsistent Participant Programming Documentation

Parolee/inmate file documentation for programming is inconsistent. The following documents were utilized by Walden House's CBP to document a participant's programming hours and activity:

- Integrated Progress Notes-Counselor
- Group Attendance Notes-Counselor
- Walden House Activity Chart-Counselor
- Walden House Group Sign-in Sheet-Client
- Walden House Weekly Schedules-Client
- Residential Individual Treatment Plan-Client/Counselor

However, the above documents do not always agree with each other. Specifically, the days and hours listed on the documents did not coincide. The current method of documentation does not allow one to verify whether the CBPs are meeting the average of 26 hours of programming per week, as required by the contract for the duration of the participant's stay.

Criteria:

SASCA Contract Exhibit A, page 14, states: "There should a be a minimum of twenty (20) hours of face-to-face individual and group activity for each participant, plus a minimum of six(6) hours of supplemental face-to-face individual and group activity which may include participation in 12-step self-help groups, scheduled across at least six days a week. A participant's hours may vary from week to week but should average 26 hours per week over the duration of the participant's stay."

Recommendation:

SASCA should follow up to ensure that all participants' file documentation covering the participants' programming is consistently maintained.

FINDING 18: Missing and Incomplete CDCR Form 1868

The Walden House SASCA contract requires preparation of the participants' Substance Abuse Coordination Plan. The plan is prepared using the Community Service Plan, CDCR 1868; however, the form is not forwarded to the SASCA from the In-Custody Substance Abuse Treatment Contractor.

Additionally, testing of Walden House's SASCA parolee files found that some of the forms were missing. Furthermore, not all DTF files contained the CDCR 1868 forms.

Criteria:

Contract number C07.017, Exhibit A, page 3, states:

“C. Role of the In-Custody Substance Abuse Treatment Contractor

5. Cooperate with the SASCA Contractor in the preparation of a Substance Abuse Service Coordination Plan for each participant no later than 90 days prior to the participant’s scheduled release from the institution. For DTF participants, the Substance Abuse Coordination Plan will be completed prior to the inmates release to a DTF facility.”

Contract number C07.017, Exhibit A, page 23, states in part:

“The SASCA files shall maintain case files on all participants.... The files shall include, at a minimum:

1) Substance Abuse Services Coordination Plans and revisions;”

Recommendations:

SASCA should ensure that:

- The CDCR Form 1868s are received from the In-Custody Substance Abuse Treatment Contractor.
- The CDCR Form 1868s are properly maintained in the participants’ files.

FINDING 19: Resumes, Job Descriptions, and Duty Statements

Interviews with Walden House’s staff revealed that they are not receiving duty statements. In addition, resumes, duty statements, and job descriptions were missing from some of the personnel files tested.

Criteria:

Exhibit E, page 3 of the contract states:

“7. Resumes, Job Descriptions, and Duty Statements

The Contractor must provide and maintain resumes, duty statements and/or job descriptions for all staff paid through this Agreement. In addition, all contracted staff files must indicate the date of employment, rate of pay and benefits, funding source, pay increases, promotions and status changes, and if applicable, the date and reasons(s) for employment termination.”

Recommendations:

SASCA should ensure that (1) copies of duty statements are provided to their staff, and (2) staff understand and comply with the contract requirements.

Finding 20: Incomplete Organizational Chart of SASCA Funded Staff

Although an executive level organizational chart is maintained, there is no organizational chart listing all CDCR funded SASCA staff.

During the audit, the organizational chart that the auditors received was incomplete. For example, the organizational chart did not include the following positions:

- Training Director
- Training Assistant
- Billing Assistant
- Travel Coordinator
- Travel Assistant
- Accounts Receivable Coordinator

Criteria:

Exhibit A, page 4 of the contract states:

“D. The SASCA Contractor is responsible to perform the following services.

b. Organizational Structure

The SASCA Contractor shall provide an organization chart that reflects their chain of command and the structure of the organization. The Contractor’s current organization chart will be incorporated in the contract execution.... In addition, the SASCA Contractor’s organizational structure shall be able to fully staff, support and operate a Regional SASCA that is geographically remote from its administrative headquarters.”

Recommendation:

SASCA should ensure that an organizational chart of all CDCR funded SASCA staff is maintained and kept updated.

FINDING 21: Missing or Incomplete CBP Participant Group Activity Rosters

1. CBP group sign-in sheets could not be located.

2. Group activity rosters were incomplete and not properly prepared. For example, the rosters were missing the facilitators' and participants' names, signatures, times and dates of classes held, and group topics covered.

Criteria:

1. Community Based Services Subcontractor Agreement, Item IX – Client Files, states: “Contractor agrees that all client files shall be maintained in accordance with licensing and certification regulations and must be sufficient to demonstrate compliance with CDCR standards. These client files shall be made available to Agency upon request. Contractor will retain all client files, including treatment records, for a minimum of three years after final reimbursement from Agency to Contractor.”
2. As incorporated by reference into the contract, General Terms and Conditions, states: “AUDITS: Contractor agrees that the awarding department, the Department of General Services, the Bureau of State Audits, or their designated representative shall have the right to review and to copy any records and supporting documentation pertaining to the performance of this Agreement. Contractor agrees to maintain such records for possible audit for a minimum of three (3) years after final payment, unless a longer period of records retention is stipulated. Contractor agrees to allow the auditor(s) access to such records during normal business hours and to allow interviews of any employees who might reasonably have information related to such records. Further, Contractor agrees to include a similar right of the State to audit records and interview staff in any subcontract related to performance of this Agreement. (Gov. Code §8546.7, Pub. Contract Code §10115 et seq., CCR Title 2, Section 1896).”

Recommendations:

Walden House’s SASCA should ensure:

- Group activity rosters contain the facilitators' and participants' names, signatures, times and dates of classes held, and group topics covered.
- Group activity rosters are adequately maintained for review and inspection.

FINDING 22: Incomplete Admit/Discharge Status Alert Forms

The Admit and Discharge Forms in the SASCA participants' files were missing key information, such as admit dates, discharge dates, and reasons for discharge. The Audits Branch confirmed that 6 of the 27 Status Alert forms reviewed were either not recorded, not documented, incomplete, or inaccurate.

For example, CDCR inmate number W89150 was admitted to Walden House's Grand Avenue Facility. However, the Admit/Discharge Status Alert Form was incomplete. Staff at Walden House's Grand Avenue facility did not document the status (completed modality, transferred, removed by agent, walked away) of the parolee/inmate on the form. See chart below for the total number of forms identified that were either missing or had incomplete information, taken from a sample size of 27 forms:

| Admit / Discharge Status Alert Form | | | |
|-------------------------------------|-----|----|-------|
| | Yes | No | Total |
| Admit Date | 26 | 1 | 27 |
| Discharge Date | 19 | 8 | 27 |
| Status Alert | 21 | 6 | 27 |

Criteria:

Exhibit A, page 25 of the contract states: "Participant information collected shall be sufficient to ensure that minimum service levels are being met. The information tracking system shall have, at minimum, the following data elements:

- Participant first name and last name...
- Admission date;
- Discharge date."

Exhibit A, page 23 of the contract states in part:

"b. Files

The SASCA Contractor shall maintain case files on all participants. Files are to be located in a secure file storage area within the Contractor's premises... The files shall include, at a minimum:

- 1) ...
- 2) Date of placement in community-based services;
- 3) A record of subsequent placements and/or modality changes, including dates and provider identification;
- 4) A record of subsequent placements and/or modality changes, including dates and provider identification;
- 5) Dates and disposition on discharge from each provider and from all program services...."

Recommendations:

Walden House's SASCA should:

- Include the "Admit/Discharge Form" as part of their Quality Assurance review.

- Reorganize the form to clearly identify the sections. For example: Section A would be “Admit”, Section B would be “Discharge,” Section C would be “Other information,” etc.

FINDING 23: Incomplete Monthly Travel Logs

The SASCA Monthly Travel Log was not developed with the proper elements required by the contract. In addition, the Daily Log (Walden House Trip Report) was missing information, such as trip miles, time of arrival, reason for transport, parolee’s name, and CDC number.

Criteria:

Exhibit A, page 29 of the contract states:

“h. the SASCA contractors are required to complete a monthly travel log on all leased/purchased vehicles with SASCA funds and/or vehicles used to transport SASCA participants where mileage reimbursement is being requested. The monthly travel log must include the following data elements: Month, Year, Headquarters of Car, SASCA Name, Date, Odometer reading (start and ending), Trip miles, From location, Time of Departure, To Location, Time of Arrival, Storage, Driver Name, Reason for Transport, Parolee(s) Name & CDC# (Refer to example – STD form 273 – Attachment 29). The monthly travel log shall be submitted with the monthly invoices.”

Recommendation:

Walden House’s SASCA should revise the monthly travel log to include the contract requirements listed in the above criteria.

OBSERVATIONS AND RECOMMENDATIONS

Observation 1: No Evidence of Defensive Driver's Training and Drug Testing

The Audit Branch's interviews with Walden House's drivers revealed that Defensive Driver's Training is not a requirement prior to operating a vehicle or transporting CDCR participants, although the drivers do receive training on interaction skills. In addition, the drivers have never been drug-screened.

Recommendations:

- Walden House's SASCA, in conjunction with OSATS, should include contract language that requires all drivers to obtain Defensive Driver's training and submit to random drug testing.
- In addition to the drivers' initial drug test, they should be required to periodically submit to an alcohol and narcotics analysis during the course of their employment.

Observation 2: ICDTP II Inmates Without Medications

ICDTP II inmates are transported to the CBP from the county jail without their prescribed medication, despite the fact that some inmates have been diagnosed with medical and psychological issues, including high blood pressure, hypertension, diabetes, and asthma. This issue has been brought to the attention of OSATS on several occasions, but the issue is still outstanding. Other examples include:

- ICDTP II inmates released on the weekend do not have access to the Parole Outpatient Clinic, because they do not have prior approval from their AOR.
- ICDTP II inmates are not properly screened for the program they are entering.
- The contract does not allow the CBPs to be reimbursed for medication distributed to the participants.

Walden House provided data regarding ICDTP II participants. Of the 1,940 ICDTP II participants documented during the period of January 2008 through August 2009, 778 participants were diagnosed with medical issues and 1,162 participants were diagnosed with psychological issues.

Of the 1,940 ICDTP participants, 260 participants were diagnosed with both issues and 71 participants had to be admitted to the CDCR Parole's Enhanced Outpatient Clinic due to insufficient medication for medical and psychological issues.

Recommendation:

Walden House's SASCA, in conjunction with OSATS, should devise a plan that allows immediate medical prescription assistance to the CBPs and ensure that the participants are not denied their medications.

Observation 3: Performance Evaluations

Quarterly performance evaluations of employees for the year 2009 were not in the personnel files. The evaluations were poorly documented. For example, not all narratives had examples of the employee's strengths and weaknesses. Supervisors were not completing the comment section at the end of each employee's goal. In addition, the training attended by the employee was not identified on the evaluation.

Recommendations:

Walden House's SASCA should:

- Ensure that quarterly performance evaluations are performed and placed in personnel files.
- Modify the employee's performance evaluations to provide the employee with sufficient and adequate information to improve their performance.

Observation 4: Incomplete SASCA Participant Files

Testing of SASCA participant files revealed the following forms were missing:

- Release of Information
- Consent for Photo Release
- Participant Initial Assessment Form
- Life Corps Referral Form (Walden House Form)
- Self Empowerment Tool (Walden House Form)

Recommendation:

SASCA should collect and maintain all required forms in the participant files.

AUDITS BRANCH EVALUATION OF WALDEN HOUSE'S RESPONSE

Walden House responded adequately to the Program Audit of SASCA Region III. The table below illustrates a summary of findings and whether Walden House agrees with some reservations, agrees or disagrees. Following the table are the Audits Branch detailed comments on Walden House's response.

Summary of Walden House Response

| Category | Findings | Overall Assessment |
|--------------------------------|--|-------------------------------|
| 1. DTF Issues | 1, 2, 3, 5, 6, and 12 | Agrees with some reservations |
| 2. Walden House & OSATS Issues | 11, 13, 16, and 22 | Disagree |
| 3. Other Findings | 4, 7, 8, 9, 10, 14, 15, 17, 18, 19, 20, 21, and 23 | Agree |

1. Drug Treatment Furlough Issues

The Program Audit of Walden House began January 15, 2007. However, during the course of the audit the Drug Treatment Furlough program was eliminated and the Audits Branch continued to perform fieldwork and report issues in the program report.

Audits Branch's Response:

The Audits Branch is aware of the DTF closures. However, should the facilities re-open, the Audits Branch reiterates that the recommendations for Findings 1, 2, 3, 5, 6, and 12 should be seriously considered prior to re-opening.

Finding 1: CBP Facilities Maintenance and Repairs

The Audits Branch recommends that Walden House ensure that:

- CBPs develop routine maintenance and upkeep schedules;
- Maintenance records are properly documented and maintained in the files; and
- Site visits include a tour and a walk through of each room of the facility.

Finding 2: Inadequate Smoking Area at Walden House's Flower Street DTF Facility

The Audits Branch recommends that Walden House complies with State laws, rules, and regulations regarding smoking in designated areas.

Finding 3: Inconsistent ID Requests and Sign-In at CBPs

The Audits Branch recommends that Walden House:

- Ensure that all facilities are complying with requirements of ID and visitor's sign-in log by including this in their site visits.
- Provide additional training to staff and anyone responsible for the ID and sign-in log procedures.

Finding 5: Inadequate Clothing for DTF Inmates

Walden House should ensure that all DTF contractors (CBPs) are aware of the minimum DTF clothing requirements.

Finding 6: DTF Inmate ID

The Audits Branch reiterates that all DTF inmates be required at all times to carry a photo ID card.

Finding 12: Late Completion of Participant Treatment Plans

The Audits Branch recommends that Walden House, in coordination with OSATS, determine whether the treatment plans completion requirement be 5 or 14 days.

2. Issues involving Walden House and Office of Substance Abuse Services

Findings 11, 13, 16, and 22 are issues that need to be resolved between Walden House and OSATS.

Finding 11: SB 1453 ASCATS Reviews

SASCA disagrees and states:

- “Not all parolee files contained the three required ASCATS because the CDCR had no clear or timely process in which to identify parolees as 1453. There were many cases where the parolee's 1453 status was not known until the person was in the program for four months. In such cases, there was not enough time with the 150-day timeline to conduct three ASCATS (.....). The Audits Branch acknowledges this fact in their third bullet). This issue was brought up in every region by every SASCA. It wasn't until recently that CDCR instructed us to proceed with three ASCATS pending the person's official classification.”
- “Many times, the PAII would either not show up or call the day before to inform us that they would be absent. We would report this to the PAIII but the SASCA

had no authoritative influence over such events. In some cases, we were instructed to conduct ASCATS with the PAII on a conference call.”

- “Concerning missing signature, the SASCA required all ASCAT members to sign the form, but in many cases, not all member of the ASCAT team were present and could therefore not sign it....”

Finding 13: No SASCA Pre-Release Contact with the Agent of Record (AOR)

SASCA disagreed and states: “The Region III SASCA makes every effort to contact all relevant and available parties during the pre-release phase of the transitional process. Unfortunately, the Agent of Record (AOR) is not identified prior to the participant leaving the institution. The SASCP (transitional plans) for each participant are sent to Case Records about 120 days prior to discharge that the parolee is assigned an AOR... This conflict has been brought to the attention of the CDCR on many occasions including the Bidder’s Conference.”

Finding 16: Personnel Issues: Background Checks, Training, TB Test, Registrations and Certifications

SASCA disagreed and states: “... The Audits Branch cites section of the contract that requires all program staff to attend a 16-hour training provided by each SAP and vice versa. This section was developed at the time when there were 44 SAPs. This means that, in order to comply, each SASCA staff would attend 704 hours of training and vice-versa for the SAP staff. This is, of course, impossible and has been brought to the attention of the CDCR on multiple occasions.

Finding 22: Incomplete Admit/Discharge Status Alert Forms

SASCA disagreed and states: “Our contract does not mandate an Admit/Discharge or Status Alert Forms; these are forms that we choose to use a part of the check and balance equation within our infrastructure. In fact our automated verification and billing process will not function if pertinent information is missing.”

Audits Branch’s Response to Findings 11, 13, 16, and 22

The Audits Branch already issued a management memorandum to OSATS on April 25, 2010 to addresses the issues. OSATS responded on June 21, 2010 for Findings 11, 13, and 16. The Audits Branch plans to notify OSATS regarding Finding 22.

The Audits Branch recommends that the SASCA communicates, implements, and documents efforts of resolving these issues with OSATS.

3. Other Findings

Agreed upon Findings:

Walden House agrees with the remaining Findings 4, 7, 8, 9, 10, 14, 15, 17, 18, 19, 20, 21, and 23 and has responded with corrective action plans to address the issues.

Observations:

The four observations: 1, 2, 3 and 4 and corresponding recommendations are not covered by any specific policies or procedures. Walden House may want to consider developing policies and procedures, wherever possible, for the four observations covered in the report.

GLOSSARY

| | |
|------------------|---|
| AOR | Agent of Record |
| ASCAT | Aftercare Successful Completion Assessment Team |
| CCR | California Code of Regulations |
| CBP | Community Based Provider |
| CDCR | California Department of Corrections and Rehabilitation |
| CDCR 1868 | Community Services Plan Form (Parts A and B) |
| DTF | Drug Treatment Furlough |
| FOTEP | Female Offender Treatment and Employment Program |
| ICDTP | In-Custody Drug Treatment Program |
| ID | Identification |
| IPTCSAP | In-Prison Therapeutic Community Substance Abuse Program |
| OACC | Office of Audits and Court Compliance |
| OSATS | Office of Substance Abuse Treatment Services |
| PA | Parole Agent |
| Parolee | Parolee or Inmate Participating in a DTF |
| Provider | Community Based Provider |
| SAP | Substance Abuse Program |
| SASCA | Substance Abuse Services Coordination Agency |
| TB | Tuberculosis |
| TTP | Transitional Treatment Program |

ATTACHMENT A



Mold in showers



ATTACHMENT A



BATHROOM WALLS



MISSING COVERS FROM AIR VENTS





MISSING TILES FROM SHOWER



FLOORS COVERINGS NEED REPLACING



BATHROOM WALLS UNDER SINK



TAPE AROUND SHOWER HANDLES

Summary of Issues Between SASCA and CBP

| FINDING # | ISSUE TITLE | Walden House SASCA | CBP |
|------------------|--|---------------------------|------------|
| Finding 1 | CBP Buildings maintenance and repairs | X | X |
| Finding 2 | Walden House Flower Street DTF Facility has an Inadequate Smoking Area | X | X |
| Finding 3 | Lack of ID Request and Sign-in at CBPs | X | X |
| Finding 4 | Verbal authorizations for ICDTP Off-Site Activity Passes | X | X |
| Finding 5 | Inadequate Clothing for DTF Inmates | X | X |
| Finding 6 | DTF Inmate Identification & Unorganized DTF Counts | X | X |
| Finding 7 | Questionable Behavior of Staff. | X | X |
| Finding 8 | CBP Parolee/Inmate excessively retained on the "Chair" | X | X |
| Finding 9 | Program Curriculum | X | X |
| Finding 10 | Employment of Ex-Offenders | X | X |
| Finding 11 | SB 1453 ASCAT | X | |
| Finding 12 | Untimely Completion of Participant Treatment Plans | X | X |
| Finding 13 | No Pre-Release contact with the Agent of Record. | X | |
| Finding 14 | SAP Outreach/Quarterly Global Presentations | X | |
| Finding 15 | Undocumented Post Release Monthly Contacts with CBP and AOR | X | |
| Finding 16 | Personnel Issues: Background Checks, Training, TB Test, Registrations and Certifications | X | X |
| Finding 17 | Inconsistent Parolee/Inmate Programming Documentation | X | X |
| Finding 18 | Missing and/or Incomplete Parolees Substance Abuse Coordination Plan - CDCR Form 1868 | X | |
| Finding 19 | Resumes, Job Description and Duty Statements | X | |
| Finding 20 | Organization Chart of SASCA Funded Staff | X | |
| Finding 21 | Missing or Incomplete CBP Participant Group Activity Rosters | X | X |
| Finding 22 | Incomplete Admit/Discharge Status Alert Forms | X | X |
| Finding 23 | Incomplete Monthly Travel Logs | X | |
| Observation 1 | No Defensive Driver's Training and Drug Testing | X | |
| Observation 2 | ICDTP II Inmates Without Medications | X | |
| Observation 3 | Performance Evaluations | X | X |
| Observation 4 | SASCA client files were incomplete | X | |

NOTE: Walden House's SASCA is responsible for the operations of the CBP. The "X" in the CBP column represents findings at the CBP facility. There is a corresponding "X" in the Walden House SASCA column because Walden House has direct oversight of the CBPs.